

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Academy of Dermatology Association Political Action Committee (SkinPAC)

ADDRESS (number and street)

1350 I St NW

Ste 870

☐Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00359539

3. IS THIS
REPORT☐NEW
(N)**OR**☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☒

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2009

through

07

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Steven J. Debnar

Signature of Treasurer

Electronically Filed by Steven J. Debnar

Date

10

30

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

A. Form/Schedule : **F3X**

Transaction ID :

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 28

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Report Covering the Period: From: M M
0 7 D D
0 1 Y Y Y Y
2 0 0 9 To: M M
0 7 D D
3 1 Y Y Y Y
2 0 0 9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2 0 0 9		247678.13
(b) Cash on Hand at Beginning of Reporting Period	229401.29	
(c) Total Receipts (from Line 19)	28135.00	179441.68
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	257536.29	427119.81
7. Total Disbursements (from Line 31)	44399.36	213982.88
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	213136.93	213136.93
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

4 / 28

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	7	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	23950.00	148327.51
(ii) Unitemized	4185.00	31114.17
(iii) TOTAL (add Lines 11(a)(i) and (ii)	28135.00	179441.68
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	28135.00	179441.68
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	28135.00	179441.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	28135.00	179441.68

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	399.36	2981.88	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	399.36	2981.88	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	44000.00	211000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	1.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	1.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	44399.36	213982.88	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	44399.36	213982.88	

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

6 / 28

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	28135.00	179441.68
34. Total Contribution Refunds (from Line 28(d))	0.00	1.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28135.00	179440.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	399.36	2981.88
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	399.36	2981.88

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Tricia R. Andrews

Mailing Address 7744 Deerwood Point Ct

City

Jacksonville

State

FL

Zip Code

32256-2825

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jacksonville Dermatology
Assoc. PL

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 0 9

Transaction ID: 07A2C739E790954284F

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Richard J. Antaya

Mailing Address 100 Tyler City Rd

City

Orange

State

CT

Zip Code

06477-2415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yale Univ School of Medic-
ine

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 8 / 2 0 0 9

Transaction ID: D4F67266D5F9F6645BC

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Arash K. Asadi

Mailing Address 5820 Charlotte St

City

Houston

State

TX

Zip Code

77005-2414

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 6 / 2 0 0 9

Transaction ID: 7CAFC73D9742E4D8673

Amount of Each Receipt this Period

500.00

MMS

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Stephanie A. Badalamenti

Mailing Address 134 Clarken Dr

City

West Orange

State

NJ

Zip Code

07052-3409

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 4 / 2 0 0 9

Transaction ID: B476A0CA99808C0403A

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Brenda J. Berberian

Mailing Address 11003 Cedarwood Dr

City

North Bethesda

State

MD

Zip Code

20852-3460

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 8 / 2 0 0 9

Transaction ID: 1CF541D99863330BA97

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

R. Ralph Bradley

Mailing Address Ste B111
166 E 5900 S

City

Murray

State

UT

Zip Code

84107-7293

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 8 / 2 0 0 9

Transaction ID: 495B424ABC462DA5A97

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 28

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Jean A. Byarlay

Mailing Address 216 Mount Crest Dr

City

Johnson City

State

TN

Zip Code

37601-6638

FEC ID number of contributing
federal political committee.**C**Name of Employer
Healthstar PhysiciansOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	0	/	2	0	9	

Transaction ID: 147B79EC9BA9F44A40C

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

David A. Byrne

Mailing Address 1673 S Bellemeade Dr

City

Bloomington

State

IN

Zip Code

47401-8672

FEC ID number of contributing
federal political committee.**C**Name of Employer
Dermatology Center of Southern IndianaOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	8	/	2	0	9	

Transaction ID: 19A852D714D849B206A

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Robert L. Chen

Mailing Address 1123 Lipscomb Dr

City

Nashville

State

TN

Zip Code

37204-4121

FEC ID number of contributing
federal political committee.**C**Name of Employer
Arcacia Dermatology PLLCOccupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	6	/	2	0	9	

Transaction ID: C9F96934CE4A990620F

Amount of Each Receipt this Period

365.00

MMS

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Clay J. Cockerell

Mailing Address 4312 Arcady Ave

City

Dallas

State

TX

Zip Code

75205-3704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cockerell & Associates

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 6 / 2 0 0 9

Transaction ID: 82D1FAAC34B48A726E3

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Karen Collishaw

Mailing Address Ste 870

1350 I St NW

City

Washington

State

DC

Zip Code

20005-3387

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Academy of Derma-
tology

Occupation

Association Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 6 / 2 0 0 9

Transaction ID: C4CCC0EB19966546ACC

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Anne H. Dacko

Mailing Address Apt 7C

222 E 19th St

City

New York

State

NY

Zip Code

10003-2611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 0 9

Transaction ID: B75D491D1015CA140C7

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Sunil Sharan Dhawan

Mailing Address 119 Martingale Dr

City

Fremont

State

CA

Zip Code

94539-6313

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 0 9

Transaction ID: D020A555F517DCA09F6

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Seth Forman

Mailing Address 3411 Lacewood Rd

City

Tampa

State

FL

Zip Code

33618-3601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 0 9

Transaction ID: AB02F0D9A9245E5611C

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

William Lenox Heimer

Mailing Address Ste 310
320 Santa Fe Dr

City

Encinitas

State

CA

Zip Code

92024-5140

FEC ID number of contributing
federal political committee.

C

Name of Employer
H H Business Services, In-
c.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 0 9

Transaction ID: BE529380D1B6935A635

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Andrew Adam Hendricks

Mailing Address 4390 Fayetteville Rd

City

Lumberton

State

NC

Zip Code

28358-2677

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeastern Dermatology
PA

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 8 / 2 0 0 9

Transaction ID: 1DB5CACFC186C9757A1

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Lance B. Henry

Mailing Address 2591 N Trafalger Dr

City

Fayetteville

State

AR

Zip Code

72704-6090

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Dermatology & Sk-
in Cancer Cen

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 6 / 2 0 0 9

Transaction ID: 066D0135657C01EDD22

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Carolyn I. Jacob

Mailing Address Apt 2104
600 N Lake Shore Dr

City

Chicago

State

IL

Zip Code

60611-5062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chicago Cosmetic Surgery &
Dermatology

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 4 / 2 0 0 9

Transaction ID: 97B3A387AED52383DBD

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1615.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Brian T. Johnson

Mailing Address 3930 Executive Dr

City

Palm Harbor

State

FL

Zip Code

34685-1024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trinity Dermatology and
Aesthetic CentOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 0 9

Transaction ID: 922FD4988E43AE910B5

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Sandra Marchese Johnson

Mailing Address 1606 Tiger Lily Ct

City

Greenwood

State

AR

Zip Code

72936-3028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Johnson DermatologyOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 6 / 2 0 0 9

Transaction ID: 656F7C99F6522D6C766

Amount of Each Receipt this Period

500.00

PayPal

C.

Full Name (Last, First, Middle Initial)

Kastytis A. V. Jucas

Mailing Address 8950 S Leavitt St

City

Chicago

State

IL

Zip Code

60620-6126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 8 / 2 0 0 9

Transaction ID: 8750482CB7778D13004

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

George J. Murakawa

Mailing Address 4420 Coffey Ct

City

Troy

State

MI

Zip Code

48098-4356

FEC ID number of contributing
federal political committee.

C

Name of Employer
Somerset Skin Centre

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 6 / 2 0 0 9

Transaction ID: 5EBAF395BD52A962586

Amount of Each Receipt this Period

1000.00

PayPal

B.

Full Name (Last, First, Middle Initial)

Steve Oberemok

Mailing Address 30098 Via Norte

City

Temecula

State

CA

Zip Code

92591-1653

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hemet Dermatology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 8 / 2 0 0 9

Transaction ID: 2572BCC525508D33AEE

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Phoebe Rich

Mailing Address 11701 SW Riverwood Rd

City

Portland

State

OR

Zip Code

97219-8452

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oregon Dermatology & Research Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 6 / 2 0 0 9

Transaction ID: F23D8F5F5BD6B2F9D35

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

6250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Elisa M. Roberts

Mailing Address 33 Woodmere Ln

City

Arden

State

NC

Zip Code

28704-3205

FEC ID number of contributing
federal political committee.

C

Name of Employer
Skyland Dermatology

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 1 / 2 0 0 9

Transaction ID: 552D802C6DCA1B6F13A

Amount of Each Receipt this Period

250.00

PayPal

B.

Full Name (Last, First, Middle Initial)

Patricia K. Roddey

Mailing Address 2112 Wellesley Ave

City

Charlotte

State

NC

Zip Code

28207-2444

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mecklenberg Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 6 / 2 0 0 9

Transaction ID: 03150ED66841C7FF1A6

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Jay F. Schechter

Mailing Address 37 Pierrepont Ave

City

Potsdam

State

NY

Zip Code

13676-2107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 4 / 2 0 0 9

Transaction ID: 9AAECD36C9A49CFE29C

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

E. Dorinda Shelley

Mailing Address 21171 W River Rd

City

Grand Rapids

State

OH

Zip Code

43522-9817

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Toledo Col of Med-
icine

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 7 / 2 0 0 9

Transaction ID: 3B1F96CDEF52D78F17D

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

George B. Skipworth

Mailing Address 3330 E Lindsay Dr

City

Columbus

State

GA

Zip Code

31907-2027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology & Skin Care

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 7 / 2 0 0 9

Transaction ID: 13CDBD3AA9DAF76F7B7

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Candace Thornton Spann

Mailing Address 1369 Logan Ave

City

Salt Lake City

State

UT

Zip Code

84105-2627

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 6 / 2 0 0 9

Transaction ID: A2FE61308A5BCA3566A

Amount of Each Receipt this Period

365.00

MMS

SUBTOTAL of Receipts This Page (optional)

1095.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Charles Samuel Stevens

Mailing Address 221 W Kings Hwy

City

San Antonio

State

TX

Zip Code

78212-2965

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Texas Dermopath Lab

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 0 9

Transaction ID: 1D181A9E2CB203D0CE0

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

John Strasswimmer

Mailing Address 240 Sunset Rd

City

West Palm Beach

State

FL

Zip Code

33401-8040

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 0 9

Transaction ID: 311AA077452E8D2B146

Amount of Each Receipt this Period

1000.00

MMS

C.

Full Name (Last, First, Middle Initial)

Michael D. Tharp

Mailing Address 529 N Lincoln St

City

Hinsdale

State

IL

Zip Code

60521-3446

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rush Univ Medical Center

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 0 9

Transaction ID: 24AF562DA11C8E5D601

Amount of Each Receipt this Period

250.00

PayPal

SUBTOTAL of Receipts This Page (optional)

1615.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Sidney E. Thompson

Mailing Address 1434 Valencia Ct

City

Fayetteville

State

NC

Zip Code

28303-3923

FEC ID number of contributing
federal political committee.

C

Name of Employer
Raven Hill Dermatology Me-
dical Clinic.

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 6 / 2 0 0 9

Transaction ID: 6FC625D1518257FE433

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Sidney E. Thompson

Mailing Address 1434 Valencia Ct

City

Fayetteville

State

NC

Zip Code

28303-3923

FEC ID number of contributing
federal political committee.

C

Name of Employer
Raven Hill Dermatology Me-
dical Clinic.

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: B76187DBD10883BA66E

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Catherine M. Tisdall

Mailing Address 14508 Iron Horse Way

City

Helotes

State

TX

Zip Code

78023-4561

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology San Antonio

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 0 9

Transaction ID: 3DCCC425E58978C0682

Amount of Each Receipt this Period

365.00

MMS

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

John M. Williams

Mailing Address 60 Hilltop Rd

City

Short Hills

State

NJ

Zip Code

07078-1605

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Skin Care and Surgery
Center

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 0 9

Transaction ID: 93723F76303BD76A58B

Amount of Each Receipt this Period

365.00

MMS

B.

Full Name (Last, First, Middle Initial)

Timothy Gerrard Woodall

Mailing Address 120 Woodall Way

City

Union

State

SC

Zip Code

29379-8679

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Palmetto Skin and Las-
er Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 0 9

Transaction ID: 40F4E38144B75AD3AC3

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

George R. Woodbury, Jr.

Mailing Address 2118 Kirby Rd

City

Memphis

State

TN

Zip Code

38119-5510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 786B8B0BA31711685EE

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

3115.00

TOTAL This Period (last page this line number only)

23950.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852	Transaction ID: VDACED19A15F17ED27DF Date of Disbursement <div> <div>07</div> <div>03</div> <div>2009</div> </div>
City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Amex Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>72.98</div> <div>001</div> Category/ Type
B. Full Name (Last, First, Middle Initial) Merchant Services Mailing Address PO Box 6603 City Hagerstown State MD Zip Code 21741-6603 Purpose of Disbursement MC/VS Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: V41A804E820E11D79EFE Date of Disbursement <div>07</div> <div>03</div> <div>2009</div> Amount of Each Disbursement this Period <div>296.38</div> <div>001</div> Category/ Type
C. Full Name (Last, First, Middle Initial) Merchant Services Mailing Address PO Box 6603 City Hagerstown State MD Zip Code 21741-6603 Purpose of Disbursement MC/VS Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: V1C1CDCD097552574F96 Date of Disbursement <div>07</div> <div>03</div> <div>2009</div> Amount of Each Disbursement this Period <div>30.00</div> <div>001</div> Category/ Type

SUBTOTAL of Disbursements This Page (optional) ►

399.36

TOTAL This Period (last page this line number only) ►

399.36

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A. Full Name (Last, First, Middle Initial) Ameripac: the Fund for a Greater America	Transaction ID: 3A279C1197CC34A693D Date of Disbursement																				
Mailing Address 607 14th Street, NW, Suite 800 --	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	7		2	0	0	9												
City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2009 Contribution Candidate Name Ameripac: the Fund for a Greater America Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Category/Type 011																					
B. Full Name (Last, First, Middle Initial) Bill Cassidy for Congress	Transaction ID: 41131AF8219CF636E45 Date of Disbursement																				
Mailing Address 8550 United Plaza Blvd. Suite 1001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	6		2	0	0	9												
City Baton Rouge State LA Zip Code 70809	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Candidate Name William Cassidy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District: 06	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Category/Type 011																					
C. Full Name (Last, First, Middle Initial) Charles A. Gonzalez Congressional Campaign	Transaction ID: 4D3D077841C1F870C6F Date of Disbursement																				
Mailing Address PO Box 12612	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	0		2	0	0	9												
City San Antonio State TX Zip Code 78212	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Candidate Name Charles A. Gonzalez Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 20	<table border="1"> <tr> <td colspan="10">1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Category/Type 011																					

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A. Full Name (Last, First, Middle Initial) Collins for Senator Mailing Address PO Box 1096	Transaction ID: 7BC1D497BEEECB773FA Date of Disbursement <div> <div>07</div> <div>15</div> <div>2009</div> </div>
City Bangor State ME Zip Code 04402 Purpose of Disbursement 2014 Primary Candidate Name Susan M. Collins Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: ME District: <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>2000.00</div>
B. Full Name (Last, First, Middle Initial) Engel for Congress Mailing Address 462 California Road City Bronxville State NY Zip Code 10708 Purpose of Disbursement 2010 Primary Candidate Name Eliot L. Engel Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: NY District: 17 <input type="checkbox"/> Other (specify) ▼	Transaction ID: E8D9A6BF57937FCD8C8 Date of Disbursement <div> <div>07</div> <div>11</div> <div>2009</div> </div> Amount of Each Disbursement this Period <div>2500.00</div>
C. Full Name (Last, First, Middle Initial) Enzi for Us Senate Mailing Address PO Box 2775 City Cody State WY Zip Code 82414 Purpose of Disbursement 2014 Primary Candidate Name Michael B. Enzi Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: WY District: <input type="checkbox"/> Other (specify) ▼	Transaction ID: E9AF365CACEDF39D558 Date of Disbursement <div> <div>07</div> <div>20</div> <div>2009</div> </div> Amount of Each Disbursement this Period <div>2500.00</div>

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 / 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A. Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln	Transaction ID: 2291211AF7A83743F75 Date of Disbursement																				
Mailing Address PO Box 3197	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	6		2	0	0	9												
City Little Rock State AR Zip Code 72203	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Candidate Name Blanche Lambert Lincoln Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AR District:	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Category/Type 011																					
B. Full Name (Last, First, Middle Initial) Friends of John Boehner	Transaction ID: DA79BB9CC7C977BF362 Date of Disbursement																				
Mailing Address 7908 Cincinnati Dayton Road Suite I	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	7		2	0	0	9												
City West Chester State OH Zip Code 45069	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Candidate Name John A. Boehner Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 08	<table border="1"> <tr> <td colspan="10">1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Category/Type 011																					
C. Full Name (Last, First, Middle Initial) Friends of Schumer	Transaction ID: 0E0DB07FBD80F6C8D05 Date of Disbursement																				
Mailing Address 509 Madison Ave Suite 1902	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	6		2	0	0	9												
City New York State NY Zip Code 10022	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Candidate Name Charles E. Schumer Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District:	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Category/Type 011																					

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A. Full Name (Last, First, Middle Initial) Georgians for Isakson	Transaction ID: FAC46F8CF1F2A0E630F Date of Disbursement																				
Mailing Address Post Office Box 250116	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	8		2	0	0	9												
City Atlanta State GA Zip Code 30325	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 General	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Johnny Isakson	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Higgins for Congress	Transaction ID: 4818BC0BD01987884E2 Date of Disbursement																				
Mailing Address PO Box 28	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	0		2	0	0	9												
City Buffalo State NY Zip Code 14220	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Brian M. Higgins	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 27	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) John D. Dingell for Congress	Transaction ID: 184C07A1E069BD5DE8E Date of Disbursement																				
Mailing Address 607 14th Street, NW Suite 800	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	8		2	0	0	9												
City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name John D. Dingell	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A. Full Name (Last, First, Middle Initial) Matheson for Congress <hr/> Mailing Address PO Box 521048 Suite A <hr/> City Salt Lake City State UT Zip Code 84152 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Jim Matheson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: UT District: 02	Transaction ID: AD56A81C1B78998A867 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 5 / 2 0 0 9</div> </div> <hr/> Amount of Each Disbursement this Period <div>2000.00</div>
B. Full Name (Last, First, Middle Initial) Matheson for Congress <hr/> Mailing Address PO Box 521048 Suite A <hr/> City Salt Lake City State UT Zip Code 84152 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Jim Matheson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: UT District: 02	Transaction ID: C83D9ECA4058E3BAA17 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 0 / 2 0 0 9</div> </div> <hr/> Amount of Each Disbursement this Period <div>2000.00</div>
C. Full Name (Last, First, Middle Initial) Michael Burgess for Congress <hr/> Mailing Address PO Box 2334 <hr/> City Denton State TX Zip Code 76202 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Michael C. Burgess <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 26	Transaction ID: 503A4C3FA8A7B700A5E Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 4 / 2 0 0 9</div> </div> <hr/> Amount of Each Disbursement this Period <div>2000.00</div>

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 / 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A. Full Name (Last, First, Middle Initial) Mikulski for Senate Committee	Transaction ID: F5599177952DDB560B1 Date of Disbursement																				
Mailing Address P O B 13147	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	1		2	0	0	9												
City Baltimore State MD Zip Code 21203	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Candidate Name Barbara A. Mikulski Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	<table border="1"> <tr> <td>0</td><td>1</td><td>1</td> </tr> </table> Category/ Type	0	1	1																	
0	1	1																			
Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td colspan="3">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
B. Full Name (Last, First, Middle Initial) Nelson 2012	Transaction ID: C857851E5D69481B3A0 Date of Disbursement																				
Mailing Address PO Box 8666	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
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City Omaha State NE Zip Code 68108	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2012 General Candidate Name E. Benjamin Nelson Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District:	<table border="1"> <tr> <td>0</td><td>1</td><td>1</td> </tr> </table> Category/ Type	0	1	1																	
0	1	1																			
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td colspan="3">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
C. Full Name (Last, First, Middle Initial) Pascrell for Congress	Transaction ID: BD47BD92569E5A9120E Date of Disbursement																				
Mailing Address PO Box 640	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	7		2	0	0	9												
City Totowa State NJ Zip Code 07511	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Candidate Name William J. Pascrell, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 08	<table border="1"> <tr> <td>0</td><td>1</td><td>1</td> </tr> </table> Category/ Type	0	1	1																	
0	1	1																			
Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td colspan="3">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td>4500.00</td> </tr> </table>	4500.00																			
4500.00																					
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td></td> </tr> </table>																				

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 / 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.	Transaction ID: 981AECFE1CFD262B23C Date of Disbursement																				
Full Name (Last, First, Middle Initial) Stabenow for Us Senate Mailing Address PO Box 4945	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	9		2	0	0	9												
<table border="1"> <tr> <td>City East Lansing</td> <td>State MI</td> <td>Zip Code 48826</td> </tr> <tr> <td colspan="2">Purpose of Disbursement 2012 Primary</td> <td rowspan="2"> <div style="border: 1px solid black; padding: 2px;">011</div> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name Deborah Stabenow</td> </tr> <tr> <td>Office Sought:</td> <td colspan="2">Disbursement For:</td> </tr> <tr> <td> <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President </td> <td colspan="2"> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> </tr> <tr> <td>State: MI</td> <td colspan="2">District:</td> </tr> </table>	City East Lansing	State MI	Zip Code 48826	Purpose of Disbursement 2012 Primary		<div style="border: 1px solid black; padding: 2px;">011</div> Category/ Type	Candidate Name Deborah Stabenow		Office Sought:	Disbursement For:		<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: MI	District:		Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">2000.00</div>			
City East Lansing	State MI	Zip Code 48826																			
Purpose of Disbursement 2012 Primary		<div style="border: 1px solid black; padding: 2px;">011</div> Category/ Type																			
Candidate Name Deborah Stabenow																					
Office Sought:	Disbursement For:																				
<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: MI	District:																				
B.	Transaction ID: 0D382B4BDCC4596E5A9 Date of Disbursement																				
Full Name (Last, First, Middle Initial) Van Hollen for Congress Mailing Address 10537 St. Paul Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	7		2	0	0	9												
<table border="1"> <tr> <td>City Kensington</td> <td>State MD</td> <td>Zip Code 20895</td> </tr> <tr> <td colspan="2">Purpose of Disbursement 2010 Primary</td> <td rowspan="2"> <div style="border: 1px solid black; padding: 2px;">011</div> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name Chris Van Hollen</td> </tr> <tr> <td>Office Sought:</td> <td colspan="2">Disbursement For:</td> </tr> <tr> <td> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </td> <td colspan="2"> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> </tr> <tr> <td>State: MD</td> <td colspan="2">District: 08</td> </tr> </table>	City Kensington	State MD	Zip Code 20895	Purpose of Disbursement 2010 Primary		<div style="border: 1px solid black; padding: 2px;">011</div> Category/ Type	Candidate Name Chris Van Hollen		Office Sought:	Disbursement For:		<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: MD	District: 08		Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">2500.00</div>			
City Kensington	State MD	Zip Code 20895																			
Purpose of Disbursement 2010 Primary		<div style="border: 1px solid black; padding: 2px;">011</div> Category/ Type																			
Candidate Name Chris Van Hollen																					
Office Sought:	Disbursement For:																				
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State: MD	District: 08																				
C.	Transaction ID: 18B55004623BE688F55 Date of Disbursement																				
Full Name (Last, First, Middle Initial) Wasserman-Schultz for Congress Mailing Address 1071 Twin Branch Ln	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	0		2	0	0	9												
<table border="1"> <tr> <td>City Weston</td> <td>State FL</td> <td>Zip Code 33326</td> </tr> <tr> <td colspan="2">Purpose of Disbursement 2010 Primary</td> <td rowspan="2"> <div style="border: 1px solid black; padding: 2px;">011</div> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name Debbie Wasserman Schultz</td> </tr> <tr> <td>Office Sought:</td> <td colspan="2">Disbursement For:</td> </tr> <tr> <td> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </td> <td colspan="2"> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> </tr> <tr> <td>State: FL</td> <td colspan="2">District: 20</td> </tr> </table>	City Weston	State FL	Zip Code 33326	Purpose of Disbursement 2010 Primary		<div style="border: 1px solid black; padding: 2px;">011</div> Category/ Type	Candidate Name Debbie Wasserman Schultz		Office Sought:	Disbursement For:		<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: FL	District: 20		Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">2000.00</div>			
City Weston	State FL	Zip Code 33326																			
Purpose of Disbursement 2010 Primary		<div style="border: 1px solid black; padding: 2px;">011</div> Category/ Type																			
Candidate Name Debbie Wasserman Schultz																					
Office Sought:	Disbursement For:																				
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: FL	District: 20																				
SUBTOTAL of Disbursements This Page (optional) ►	<div style="border: 1px solid black; padding: 5px; text-align: center;">6500.00</div>																				
TOTAL This Period (last page this line number only) ►	<div style="border: 1px solid black; height: 20px;"></div>																				

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 / 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Yarmuth for Congress

Mailing Address 1819 Brownsboro Road
Suite 100

City State Zip Code
Louisville KY 40202

Purpose of Disbursement
2010 Primary

Candidate Name
John A. Yarmuth

Office Sought: ☒ House
☐ Senate
☐ President

State: KY District: 03

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 5CEFF82768FE456A3EE

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2009

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

44000.00